

Address of the Incoming President

PROBLEMS FACING MEDICINE*

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Four score and eight years ago our medical forebears organized an association called The New York Academy of Medicine, dedicated to:

The cultivation of the Science of Medicine.

The advancement of the character and honor of the Profession.

The elevation of the standard of Medical Education.

The promotion of the Public Health.

Is it not appropriate that we now take stock and give an account of our stewardship?

One is immediately convinced of our material development by a review of the illustrations in the Portrait Case of the Library. There we see in turn the little hall in Wooster Street in which the earliest meetings were held; the "new Library Hall" on 31st Street, first used in 1875, and vacated 14 years later for the large building on 43rd Street, and finally the superb structure which we now occupy. This houses a medical library surpassed in this Country only by that of the Surgeon General, enriched by a large collection of early medical books including incunabula which afford unrivalled opportunity for the medical historian and scholar. What a congenial, uplifting and stimulating atmosphere the Library affords in its commodious reading rooms, and research units; offered to the Community, lay and professional, members and non-members, New Yorkers and visitors. For, let it be known that the Library is available to all. The Academy also provides lecture halls, section rooms, exhibition space and offices for many of the accredited medical activities and societies of the Community. A large part of the intellectual scientific medical life of the City takes place within its walls.

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I will not detail the conspicuous accomplishments of the numerous standing and special Committees, such as Education, Graduate Fortnight, and Committee on Public Health Relations, since these have been referred to by the previous speaker. They represent an enormous amount of highly intelligent and constructive effort, and are the direct result of the plans of our founders whose wisdom and foresight is evidenced in their Constitution and By-Laws and by the Code of Medical Ethics adopted in October, 1847.

Let me quote: On physicians "devolves, in a peculiar manner, the task of noting all the circumstances affecting the public health, and of displaying skill and ingenuity in devising the best means for its protection," and "by the judicious application of Public Hygiene, to prevent disease and to prolong life." Effective efforts in this direction have been continuous since the early sixties when the Academy stimulated the adoption of a State law to provide a better milk supply and did much to improve the sanitary conditions of the Army during the Civil War. Its activities in recent years are familiar to you and need not be reviewed.

In the Act of Incorporation, June 23, 1851, we find the significant clause that "said Corporation shall have power to make and adopt rules and regulations for the admission, suspension and expulsion of its members." The character of our membership is thus safeguarded. The provision affords a disciplinary measure which has been judicially but uncompromisingly used. Fortunately, the necessity for its application is unusual.

Through the Medical Information Bureau, the public are properly informed on medical progress without impairing the dignity of the profession by any semblance of advertising.

The Academy has taken a prominent part in the development of preventive medicine which implies curtailment of disease, limitation of disease complications and prolongation of life with some control of the accompanying dis-

abilities of old age which too often render longevity undesirable. Its publication, the Health Examiner, is devoted exclusively to this important problem.

From this brief summary it becomes evident that the Academy has been directed and is functioning in conformity with the plans of its founders.

Probably the greatest misfortune the Academy has experienced in its whole history occurred during the past year in the death of Dr. Linsly R. Williams. He was largely responsible for the remarkable developments in the Academy during the last decade. But more important, his wisdom and administrative ability coupled with unusual kindness and tact made his influence nation wide. To the public and to the profession his loss is a supreme tragedy. As the result of years of thought, he had formulated ideas and plans for the future of the Academy. No man could penetrate the depths of his mind and assimilate these ideas, consequently much of value has passed with him. It is, therefore, incumbent on the new administration to build afresh. It is necessary for us to consider and develop plans and policies for our immediate future.

What is our position?

The world, the nation, the profession are in a period of reorganization and revolutionary change in which the Academy must take part. Individualism and capitalism are weakening, communism and socialism threaten. A new deal faces medicine which like our National New Deal must be experimental. The depression has resulted in increased poverty and unemployment. The indigent must be fed, clothed and sheltered, but, what is of prime importance to us, they must be cared for when sick.

But the profession itself has suffered in proportion. A much larger part of the population has been removed from the class of paying cases. In the readjustment the doctor also must be protected by adequate remuneration for medical service.

This, then is a time when the profession must present a united front. As stated in our original code: "By union alone can medical men hope to sustain dignity and extend the usefulness of their profession." And further, they must "firmly yet mildly insist on their rights; and this not with a glimmering perception and faint avowal, but rather with a full understanding and firm conviction."

While the Academy is not a part of organized medicine, it certainly does not represent disorganized medicine. By virtue of its position the Academy should be a stabilizer of the medical ranks. For that reason we should cooperate with such organizations as have the best interests of medicine at heart.

And so we come to some of the problems that at the moment face the profession, such as proper laws for Workmen's Compensation, medical education and provisions for the hospitalization and care of the sick.

One can call attention to such features in our structure which are weak and should be corrected, but no one man can present the proper solutions.

The question is often raised as to whether it is the function of the Academy to take an active part or leadership in such problems. I believe it is our obligation to participate in any movement which is vital to the profession or to the public health. There is, moreover, a precedent in that the Academy has already been impressed into such service. It accepted the obligation of acting in an advisory capacity in Governor Lehman's efforts to improve the Workmen's Compensation Law. Whether we lead, cooperate or assist, to my mind, is immaterial. Our motives should be the advancement of medicine, the honor of the profession, the elevation of medical education and the promotion of the public health. Sufficient honor will redound to the Academy for work well done.

But tradition and expediency indicate that the Academy limit the scope of its activities; that it should confine its efforts to broad problems; ethics not economics, policies not politics, corporate rather than individual welfare. Let us be critical but constructive. Let us as a profession offer

solutions to problems which are vital to the profession rather than have forced on us methods devised by laymen and legislators while we are slumbering or occupied in debate.

Two years ago, the Governor, recognizing the weaknesses and injustices in the Workmen's Compensation Law, appointed a committee of ten, five from the Academy and five from the State Society to study the problem and recommend appropriate legislation. A review of the origin, life history, and obsequies of the report of this Committee will be enlightening as an illustration of the difficulties and obstacles which are encountered in attempting legislative correction of defects or maladjustments in existing laws.

The committee innocently labored to present a satisfactory solution, with no recompense, with no appropriation. It was recognized that the law was conceived in the interests of the injured worker; that it is he who was and must be the major consideration; that the medical profession plays an important part but necessarily secondary. The recommendations were drafted with these as the basic conceptions. It was recommended that limited free choice be allowed, that the professional ability and integrity of those caring for the injured be assured, that exploitation, racketeering and advertising be eliminated, that organized medicine be responsible for the character of the work and the personnel. The technic of organization with every possible safeguard was carefully framed. The officials of the Compensation Bureau were, or seemed to be, won over. But self insurers and carriers, with whom we met repeatedly, opposed uncompromisingly throughout. They represented the railroads, industries, traffic, public utilities and insurance companies. They all lined up against it and presented a united opposition. They objected particularly to any semblance of free choice, which we regarded as an inalienable right of the injured and a basic principle in the relation between doctor and patient. Then every cult, including Christian Science, wanted representation and equal rights. After ten months of study, the Report was presented to the Governor who expressed satisfaction and referred it to

the State legislature with recommendations for its adoption. A bill was drafted. Just before the Legislature adjourned, the committee, with the proponents and opponents of the bill, was called to a hearing before the Senate Committee. Many attended at considerable trouble and expense. One Senator was present. Scant attention was shown during the presentation of pleas for the bill, and interest awakened only when Labor with Irish wit made an impassioned address, to the surprise of everyone, for the bill. So we lined up, medicine, allied with labor at the eleventh hour, against the representatives of the carriers and self insurers, some 15-20 in number. They said little but one felt the influence of the companies which they represented. The bill was not taken out of Committee. Our case was lost.

We were asked repeatedly, why does not the profession purge and clean for itself; why must a law be passed for this purpose. Cleansing of the profession was not the object of the bill. This was merely a necessary factor for its effective operation and organized medicine agreed to do it. The State Society and its subsidiaries, the County Societies, were willing to burden themselves with the arduous and expensive work necessary to operate the proposed system.

It may interest you to learn that although the bill was killed last year it has not been allowed to remain dead; its resurrection is imminent. A Workmen's Compensation Act on the lines suggested by the Medical Committee will be presented again at the present Session of the legislature.

Education! What maddening thoughts and memories the word itself stirs in every mind; time ill spent, opportunities lost, goals unachieved. Its furtherance is one of our foremost duties. Undergraduate education is not within our province nor can we seriously criticize the results. Who of us does not envy the fourth year graduate whose mind is filled with all there is of medicine; refined, cured and complete. But as years go on this fundamental knowledge slips, and too often, due to the intensity of practice and other interests, there is likewise failure to keep fully informed of subsequent progress. Many practitioners have not the

books, periodicals, hospital connections, clinical opportunities, personal associations or individual drive to keep them abreast of the times. Much is being done by the Academy, hospitals and schools to meet the needs. The Graduate Fortnight, with its clinics, exhibitions and lectures offers instruction to hundreds. A study is in progress as to internships and the facilities offered for the training of graduates in the hospitals of New York. But can we not do more? Should we not open branch libraries and stimulate further postgraduate courses?

Certainly the weakest link in the chain of medical education is in postgraduate surgery. It is well nigh impossible under present conditions to provide operative instruction. Would it not be well for a study to be made of this phase in the hope that with the cooperation of the hospitals and schools more effective provision may be made to satisfy the needs of at least a proportion of those who desire and are worthy of such special training?

"The poor always have ye with you." These words are probably even more significant now than when spoken, in view of the vast problems which these unfortunate folk unwittingly have woven into the present day social fabric. One of these problems vitally affects the medical profession. For upwards of 100 years public institutions and private hospitals of this City have cared for the indigent sick. The doctors in general are not paid but are rewarded by the experience and the honor of a hospital connection, except in certain State or municipal institutions for chronic ailments where the medical attendants are salaried. As a result of the depression we are now overwhelmed by the numbers of sick with insufficient accommodations for their care. The community can meet its obligation to some extent by providing more beds and home care. But what about the doctors?

The problem as it affects them has arisen as a result of the increasing proportion of the population who cannot pay. The profession cannot treat gratuitously ever increasing numbers without themselves becoming impoverished.

If the profession of medicine does not offer at least a living wage, it will lose a necessary attraction and candidates will become too few and of inferior grade. Let me give concrete evidence as to what the profession is doing. In 1933 our municipal and voluntary hospitals provided 9,500,000 patient days care and 6,800,000 out patient visits for which the doctors received with few exceptions no recompense. For the month of September, 1934, Home Relief and Work Relief expenditures in the City amounted to \$12,800,000 of which only 4.1 per cent went for medical services. How can we reconcile the obligations of caring for the needy and properly recompensing the physician for that care?

The population divides itself into three financial groups.

1. The dependent class, which can pay nothing.
2. The independent class, which can pay all.
3. The intermediate class, which includes all grades between the two.

This last is the most significant. In size it fluctuates, but it has reached enormous proportions. It can pay something, perhaps all in cases of short duration ; a varying proportion in major or long cases. The amount depends upon the ratio of service cost to income. The ratio of hospital cost to income determines the amount available for medical care, because rightly or wrongly, the hospital bill comes first. How can justice be done both to the patient and the medical attendant? What can be suggested for their mutual advantage?

Many of the profession shut their eyes to the fact that there is any problem. Yet the question is of sufficient importance to warrant investigation by a medical committee appointed by the President of the United States. It has also been the subject of a recent report by a Committee of the American College of Surgeons. You heard last month the views of the City administration as expressed by Mayor LaGuardia in no uncertain terms. We must accept conditions as they are and admit that the preponderance of opinion is that the old order of things must be changed.

Not only does a strong feeling prevail that something should be done; but it is equally clear that something will be done. The public shows a disposition to demand contract medicine under which a bureaucracy would control medical practice. It would indeed be unfortunate if, through divided counsel or inertia of the profession legislative or lay action were allowed to decide the destinies of medicine.

The profession as a whole has given too little systematized thought to the problem. On the other hand sociologists and economists have studied it extensively. Possibly there is some meat in their investigations and findings which it would profit us to digest. But from whatever sources information is gathered the profession should study the problem intensively and get the facts. That which demands change or readjustment should be admitted and plans made for its correction.

As a preliminary there should be adopted certain basic principles on which there can be little division of opinion. Can any one question that while practitioners of medicine and surgery are ready to give their services to those in need, this should be voluntary and not a matter of compulsion or legislation? No more should the State determine a doctor's fee, which is a matter for arrangement between him and his patient. On the other hand, the medical men of a community may agree among themselves as to a basis for charges. They should as complete groups in various communities try such methods as offer the greatest promise. Critically studied experiments of this nature should be carried out before a final program is proposed. Any plan should be a cooperative community organization in order that all unfair competition be avoided. The choice of physician or surgeon should rest with the patient. "This constitutes the most important factor in that relationship of trust which plays so important a part in the satisfactory conduct of medical practice." (Greenough) *

* Greenough, R. B., Presidential address, *S. G. & O.*, Dec. 1934, p. 945. Full text in later issue.

Legislation as to any method should be discouraged; such legislation would now be premature and probably impractical and laws once made are difficult to change. Moreover it would establish a degree of State control of medicine which would be highly undesirable.

The most important methods which have been suggested to distribute the costs of medical care and hospitalization on a group rather than on an individual are taxation and insurance.

Health insurance in various forms has been adopted as the most promising solution in some forty countries. In most instances it has been tried first as a voluntary plan, but this failing it has been made compulsory by legislation.

In this Country prepayment insurance to provide for the costs of hospitalization and medical care is in process of trial in several communities.

I shall refrain from discussing in further detail the plans which have been suggested and tried. It is too early to be convinced as to their merits and probably no single plan would prove satisfactory for all communities.

It may be hoped that organized medicine, under the impulse of the American Medical Association, will formulate plans for the solution of this complex problem. The Academy, unable to take the initiative, should cooperate with the purpose of upholding the interests, ideals and traditions of the profession.

I have not told you Fellows of the Academy how much I appreciate the honor of becoming your President. Words fail me. With bowed head, I quote my distinguished predecessor, "If during my incumbency of office the good work of the Academy shall have been maintained or advanced by ever so little I shall feel amply rewarded for any efforts I shall be called upon to make."

Conditions throughout the world and the nation are now as disturbing as in 1863; the words then spoken apply with equal force today. "It is for us to be here dedicated to the great task remaining before us."